

## **APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

<b>Application Type::</b>	Regular
<b>Subject Matter::</b>	Utility
<b>CD-ROM or CD-R?::</b>	None
<b>Number of CD disks::</b>	
<b>Number of copies of CDs::</b>	
<b>Sequence submission?::</b>	None
<b>Computer Readable Form (CRF)?::</b>	<u>No</u>
<b>Number of copies of CRF::</b>	
<b>Title::</b>	ATOMIZER FOR APPLYING LIQUIDS ONTO EYES
<b>Attorney Docket Number::</b>	1/1223-1-C1
<b>Request for Early Publication?::</b>	No
<b>Request for Non-Publication?::</b>	No
<b>Total Drawing Sheets::</b>	2
<b>Small Entity?::</b>	No
<b>Petition included?::</b>	No
<b>Secrecy Order in Parent Appl.?::</b>	No

### **APPLICANT INFORMATION**

<b>Applicant Authority Type::</b>	Inventor
<b>Primary Citizenship Country::</b>	Austria
<b>Status::</b>	Full Capacity
<b>Given Name::</b>	Dieter
<b>Middle Name::</b>	
<b>Family Name::</b>	HOCHRAINER
<b>Name Suffix::</b>	
<b>City of Residence::</b>	Bingen
<b>State or Province of Residence::</b>	
<b>Country of Residence::</b>	Germany
<b>Street of mailing address::</b>	Josef-Knettel Str. 4a
<b>City of mailing address::</b>	Bingen

**State or Province of mailing address::**  
**Country of mailing address::** Germany  
**Postal or Zip Code of mailing address::** D-55411

**APPLICANT INFORMATION**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Bernd  
**Middle Name::**  
**Family Name::** ZIERENBERG  
**Name Suffix::**  
**City of Residence::** Bingen  
**State or Province of Residence::**  
**Country of Residence::** Germany  
**Street of mailing address::** Goethestr. 1  
**City of mailing address::** Bingen  
**State or Province of mailing address::**  
**Country of mailing address::** Germany  
**Postal or Zip Code of mailing address::** D-55411

**APPLICANT INFORMATION**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** Germany  
**Status::** Full Capacity  
**Given Name::** Michael  
**Middle Name::**  
**Family Name::** DIESTELHORST  
**Name Suffix::**  
**City of Residence::** Köln  
**State or Province of Residence::**  
**Country of Residence::** Germany  
**Street of mailing address::** Brauweilerweg 205

City of mailing address:: Köln  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-50933

#### APPLICANT INFORMATION

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Germany  
Status:: Full Capacity  
Given Name:: Isolde  
Middle Name::  
Family Name:: MARTIN  
Name Suffix::  
City of Residence:: Ingelheim  
State or Province of Residence::  
Country of Residence:: Germany  
Street of mailing address:: Gotenstrasse 19  
City of mailing address:: Ingelheim  
State or Province of mailing address::  
Country of mailing address:: Germany  
Postal or Zip Code of mailing address:: D-55218

#### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28501

#### REPRESENTATIVE INFORMATION

Representative Customer Number:: 28501



28501

PATENT TRADEMARK OFFICE

**DOMESTIC PRIORITY INFORMATION**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	Non-Provisional of	60/348,785	10/23/2001
This Application	Continuation of	10/185,949	06/28/2002

**FOREIGN PRIORITY INFORMATION**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
DE	101 31 178	06/29/2001	Yes

**ASSIGNEE INFORMATION**

<b>Assignee name::</b>	Boehringer Ingelheim Pharma KG
<b>Street of mailing address::</b>	Binger Strasse 173
<b>City of mailing address::</b>	Ingelheim
<b>State or Province of mailing address::</b>	
<b>Country of mailing address::</b>	Germany
<b>Postal or Zip Code of mailing address::</b>	D-55216